



Phone: (952) 431-5330
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3555 Willow Lake Blvd., Suite 290
Vadnais Heights, MN 55110

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA, State Law, and Patient Privacy

Federal and state privacy laws protect your rights as a patient of The Remedy Mental Health. This Notice explains how we may use and disclose your protected health information, how we protect your information, and the rights you have regarding your health records.

This Notice applies to care and communication with The Remedy Mental Health, whether services or communications occur in person, by telephone, by telehealth, through the patient portal, by mail, by email, by text message, or through other approved communication methods.

The Remedy Mental Health complies with Health Insurance Portability and Accountability Act, 42 CFR Part 2 where applicable, and state privacy laws. When state law provides greater privacy protections than federal law, the organization will follow the more protective legal standard.

We reserve the right to change the terms of this Notice and to make the revised Notice effective for all protected health information we maintain. If we revise this Notice, we will make the updated version available upon request and post it as required by law.

Protected Health Information

Protected health information, or PHI, includes information about your health, health care services, payment for health care services, and information that identifies you or could reasonably be used to identify you.

This may include your name, date of birth, address, phone number, email address, insurance information, health history, diagnosis, treatment information, medications, billing information, and other information related to your care.

How We Protect Your Information

We use reasonable administrative, physical, and technical safeguards to protect your protected health information. When possible and appropriate, we limit the information we use or disclose to the minimum necessary and may de-identify information so that it no longer identifies you.



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We train our workforce on privacy and confidentiality requirements and require our staff and business associates to protect your information in accordance with applicable law.

Information We Request From You

We ask for information from you so we can provide care, develop a treatment plan, coordinate services, bill for services, and meet legal and regulatory requirements.

You are not required to provide all requested information; however, if you choose not to provide certain information, it may limit our ability to provide services, coordinate care, obtain payment, or determine appropriate treatment recommendations.

How We May Use and Disclose Your Health Information

We may use and disclose your protected health information for treatment, payment, and health care operations.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your care and related services. This may include sharing information with providers involved in your care, such as psychiatrists, therapists, primary care providers, pharmacies, hospitals, treatment programs, laboratories, or other health care professionals.

Payment

We may use and disclose your health information to bill and collect payment for services we provide. This may include confirming insurance coverage, submitting claims, obtaining prior authorizations, responding to payer requests, billing you or your insurance plan, and conducting collection activities when applicable.

Health Care Operations

We may use and disclose your health information for activities necessary to operate our practice and provide quality care. These may include quality improvement activities, patient satisfaction surveys, review or feedback requests, staff training, credentialing, auditing, compliance activities, case review, business management, customer service, and other administrative functions.

Health Information Exchange and Outside Records

When permitted by law, we may obtain or share health information through electronic health record systems, pharmacies, prescription monitoring programs, laboratories, health information exchanges, other providers, or other secure systems to support treatment, payment, health care operations, and care coordination.



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This may help us coordinate your care, review medication history, verify prescriptions, reduce duplicate testing, support safety monitoring, and obtain information needed for treatment decisions.

Business Associates

We may share your protected health information with third parties called business associates who perform services on our behalf. These may include billing, technology, communication, legal, accounting, compliance, transcription, documentation, data storage, administrative, or other support services.

Business associates are required by contract to protect your information and use or disclose it only as permitted by law and by their agreement with us.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your protected health information without your written authorization when permitted or required by law. Examples may include:

- When required by federal, state, or local law
- For public health activities
- To report suspected abuse, neglect, or domestic violence as required or permitted by law
- For health oversight activities, such as audits, investigations, inspections, licensure, or disciplinary matters
- For judicial or administrative proceedings, such as in response to a court order, subpoena, or other lawful process when legally permitted
- For law enforcement purposes when permitted or required by law
- To coroners, medical examiners, or funeral directors as permitted by law
- To prevent or lessen a serious and imminent threat to health or safety
- For workers' compensation or similar programs as permitted by law
- For specialized government functions as permitted by law
- For other purposes required or permitted by applicable law

When possible, we will limit disclosures to the minimum necessary information.

Appointment Reminders and Health-Related Communications

We may contact you to provide appointment reminders, scheduling information, billing information, administrative updates, care-related instructions, treatment alternatives, or information about health-related benefits and services that may be of interest to you.

We may contact you by phone, voicemail, mail, email, text message, patient portal, or other communication methods you have provided to us, as permitted by law and clinic policy.



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De-Identified Information

We may create and use de-identified health information by removing information that identifies you, as permitted by law. De-identified information does not identify you and is not subject to the same restrictions as protected health information.

- Uses and Disclosures Requiring Written Authorization

The following uses and disclosures generally require your written authorization:

- Most uses and disclosures of psychotherapy notes, when applicable
- Uses and disclosures of your protected health information for marketing purposes, except as permitted by law
- Disclosures that constitute a sale of protected health information
- Most uses and disclosures of substance use disorder counseling notes, when applicable
- Other uses and disclosures not described in this Notice

The Remedy Mental Health does not sell your protected health information. Any disclosure that would constitute a sale of protected health information under HIPAA would require your written authorization.

Most uses and disclosures of psychotherapy notes, if maintained separately from the medical record as defined by HIPAA, require written authorization. Psychotherapy notes do not include general treatment records, diagnosis, treatment plan, progress notes, medication management, clinical test results, or billing information.

If you provide written authorization, you may revoke it in writing at any time. We will honor your revocation except to the extent we have already taken action in reliance on your authorization.

Substance Use Disorder Records

If you receive substance use disorder evaluation or treatment, certain records may receive additional confidentiality protections under federal law, including 42 C.F.R. Part 2, in addition to HIPAA and applicable state law.

Substance use disorder records protected by 42 C.F.R. Part 2 generally may not be used or disclosed without your written consent except in limited circumstances permitted or required by law. These records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order, except as otherwise permitted by law.

Certain uses and disclosures of substance use disorder records may require your written consent. Separate consent may be required for the use or disclosure of substance use



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disorder counseling notes, when applicable. When we disclose Part 2 records based on your written consent, we will follow applicable law regarding redisclosure notices or explanations of the scope of consent.

If there is a breach involving unsecured protected health information, including applicable substance use disorder records, we will notify you as required by law.

Your Rights Regarding Your Health Information

You have rights regarding your protected health information. Some rights may be subject to limitations under federal or state law.

Right to Inspect and Obtain a Copy

You have the right to inspect or obtain a copy of your health information maintained in a designated record set, as permitted by law. If your records are maintained electronically, you may request an electronic copy.

We may charge a reasonable, cost-based fee as permitted by law.

Right to Request an Amendment

You have the right to request that we amend health information you believe is incorrect or incomplete. We may deny your request in certain circumstances, but we will explain the reason in writing if required by law.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your protected health information. This right does not apply to all disclosures, such as disclosures made for treatment, payment, or health care operations, unless otherwise required by law.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your protected health information. We are not required to agree to all requested restrictions, except in limited circumstances required by law.

If you pay for a health care item or service out of pocket in full and request that we not disclose information about that item or service to your health plan for payment or health care operations, we will honor that request unless disclosure is required by law.

Right to Request Confidential Communications



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You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests as required by law.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney, if someone is your legal guardian, or if someone is otherwise authorized to act on your behalf, that person may exercise your rights and make choices about your health information as permitted by law. We may require documentation of the person's authority before taking action.

Right to Receive a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

Right to Be Notified of a Breach

You have the right to be notified following a breach of unsecured protected health information as required by law.

Your Choices

In certain situations, you may tell us your preferences about how we share your information, including disclosures to family members, friends, or others involved in your care or payment for your care.

If you are unable to tell us your preference, such as in an emergency, we may share information if we believe it is in your best interest and permitted by law.

Minors, Guardians, and Personal Representatives

Privacy rights for minors, parents, guardians, and authorized representatives may vary based on state law, the type of service provided, and the circumstances of care.

When permitted or required by law, a parent, guardian, or legally authorized representative may access a patient's health information or act on behalf of the patient. In some circumstances, minors may have rights to consent to certain services, control access to certain health information, or request that certain information not be shared with a parent or guardian.

The Remedy Mental Health will follow applicable federal and state laws regarding minors, guardians, personal representatives, consent for treatment, confidentiality, and access to records.

State-Specific Privacy Protections



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The Remedy Mental Health provides care in Minnesota, Wisconsin, South Dakota, and/or to patients physically located in states where our providers are legally permitted to provide care. State laws may provide additional protections for certain health, mental health, or substance use treatment records.

Substance Use Disorder Records (42 CFR Part 2): If you receive treatment for a substance use disorder, federal law (42 CFR Part 2) provides additional confidentiality protections for your substance use disorder treatment records. These records may not be disclosed without your written consent except in limited circumstances as provided by law.

Minnesota Health Records Act (Minn. Stat. §§ 144.291–144.298): Minnesota law provides additional protections for your health records. Your written authorization is required before most disclosures of your health information, subject to certain exceptions for treatment, payment, and health care operations. Mental health records maintained by this practice receive additional protections under Minnesota Statutes § 148B and § 253B. Minnesota law provides patients with rights regarding access to, amendment of, and disclosure of their health records. The Remedy Mental Health will maintain and disclose records in accordance with applicable federal law and the Minnesota Health Records Act, Minn. Stat. §§144.291–144.298.

South Dakota Privacy Rights: South Dakota law generally follows HIPAA requirements for the privacy of health information. You have the right to file a complaint with the South Dakota Department of Health if you believe your privacy rights have been violated. Patients have the right to express concerns regarding their care without fear of retaliation. Concerns may be submitted through the organization's grievance process or to applicable state regulatory agencies.

Wisconsin Health Records Privacy: Wisconsin law provides additional protections for your health information. Disclosure of your health care records generally requires your informed consent. Mental health and substance abuse treatment records maintained by this practice receive additional protections under Wis. Stat. § 51.30 and may not be disclosed without your specific written informed consent except as permitted by law. Mental health treatment records may be subject to additional protections under Wisconsin law, including Wis. Stat. §§51.30 and 146.82. Certain disclosures may require patient authorization or other legal authority beyond that required under the Health Insurance Portability and Accountability Act.

Our Responsibilities

The Remedy Mental Health is required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured protected health information as required by law



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- Refrain from retaliating against you for filing a complaint or exercising your privacy rights

Complaints and Questions

Patients have the right to file complaints, grievances, or privacy concerns without retaliation. Information regarding complaint procedures and regulatory reporting options is available upon request and through organizational policies.

Receipt of Notice of Privacy Practices

I acknowledge that I have received or been provided access to The Remedy Mental Health's Notice of Privacy Practices.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

OR

I am the parent, legal guardian, or authorized representative of the patient named below. I acknowledge that I have received or been provided access to The Remedy Mental Health's Notice of Privacy Practices on behalf of the patient.

Patient Name: _____ Date of Birth: _____

Parent/Guardian/Authorized Representative Name: _____

Relationship to Patient:

☐ Parent ☐ Legal Guardian ☐ Authorized Representative ☐ Other: _____

Signature: _____ Date: _____